

The Costs of Prostate Cancer



Cancer takes a huge physical toll on people facing the disease and comes with many costs. This fact sheet explores the costs of prostate cancer, which is the most common cancer among men in the U.S. (after skin cancer).

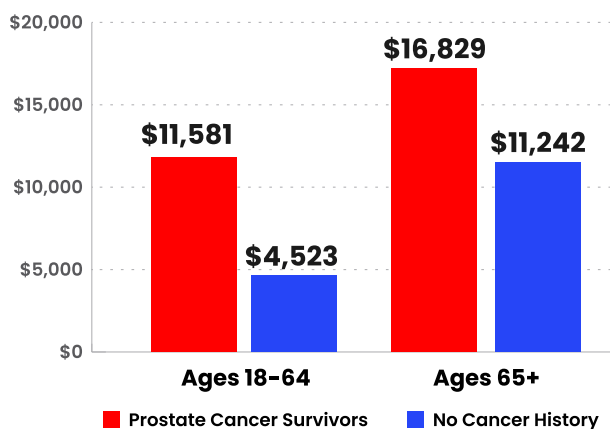
The financial costs of cancer do not impact all people with cancer equally. Evidence consistently shows that certain factors impact cancer diagnosis, treatment, survival and financial hardship experienced by people with a cancer history and their families:

- Age
- Race/ethnicity
- Sexual orientation
- Health insurance status
- Family income
- Where you live
- Cancer type

Men with a history of prostate cancer incur more health care expenses and pay more out-of-pocket annually than men who have never had cancer.

Men with a prostate cancer history between the ages of 18-64 years incur almost triple the amount of overall health care expenditures as those men who have never had cancer. Older men with a history of prostate cancer also incur more expenses.¹ Additionally, men who are diagnosed with later-stage prostate cancer have higher average expenditures than those diagnosed at earlier stages.²

Annual Average Health Care Expenditures, 2018–2020



Source: Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2018–2020. Public-use data file and documentation. Retrieved from: https://meps.ahrq.gov/mepsweb/data_stats/download_data_files.jsp. July 2023.

All analyses incorporated complex survey design.

The Costs of Cancer in My Own Words

John Bushnell

Texas



A prostate cancer diagnosis didn't surprise John Bushnell, of Seguin, Texas. "I assumed I'd have cancer by age 60." That's when his father received a diagnosis of advanced prostate

cancer. John's maternal grandfather and paternal uncle also had prostate cancer. John's father endured intense radiation treatment that damaged his bladder and intestines. He spent the last eight months of his life in a hospital. So, John started screening at age 40. A routine check after his 50th birthday revealed elevated PSA levels. Additional tests and a biopsy confirmed aggressive, yet localized, prostate cancer.

John was a full-time, unpaid caregiver for his mother at the time. With no health insurance, he was also responsible for the full cost of his care. He was able to negotiate with the hospital and physicians to prepay the bills. The final amount for his surgery and related treatment was about \$14,000. Devoted friends provided the funds and helped with needs like transportation to appointments. Without that help, John would have incurred even greater out-of-pocket costs. Fortunately, he recovered with minimal lasting effects and has had no sign of cancer six years later. Yet he doubts the outcome would have been so good if finances had hindered access to the best medical care.

“

I come from a position of privilege that others don't have. I had friends and family who believed in me, who invested their own time and money in my life. That support is why I'm a survivor.

JOHN, TEXAS

Prostate Cancer's Impact³

Prostate cancer is the most common cancer among men (after skin cancer) and is the second-leading cause of cancer death in U.S. men after lung cancer. The pace of decline in prostate cancer-related death has slowed since 2013, and since 2014, the rate of new cases has increased.

- ▶ In 2023, there are projected to be 288,300 new cases of prostate cancer and 34,700 deaths from prostate cancer.
- ▶ Since 2014, the rate of new cases has increased by 3% per year overall and by about 5% per year for advanced-stage prostate cancer.
- ▶ Prostate cancer develops more often in African American men and in Caribbean men of African ancestry than in men of other races, and at younger ages on average. The reasons for these racial and ethnic differences are not clear.

About 1 in 8 men

will be diagnosed with prostate cancer during his lifetime. **About 6 cases in 10 are diagnosed in men who are age 65 or older.**

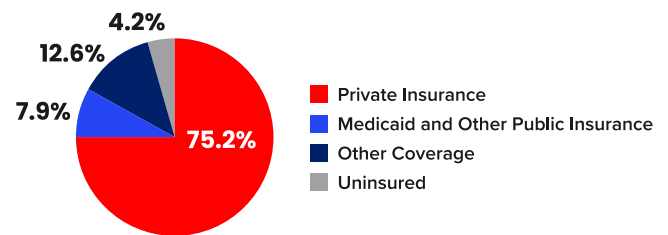


Health Insurance Coverage in Men With Prostate Cancer

The details of an individual's health insurance coverage – or lack thereof – have a huge impact on what costs that person pays for their cancer treatment.

- ▶ Men with a history of prostate cancer are more likely to be insured than those without a history of cancer.⁴
- ▶ For men with prostate cancer who are insured, the type and details of their insurance coverage are an important determinant of their out-of-pocket costs. The majority of men with a history of prostate cancer, ages 18-64 years, have private insurance.

Insurance Type, Prostate Cancer Survivors, Ages 18-64



Source: National Center for Health Statistics: National Health Interview Survey, 2019-2022. Public-use data file and documentation. Retrieved from: <https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm>. July 2023.
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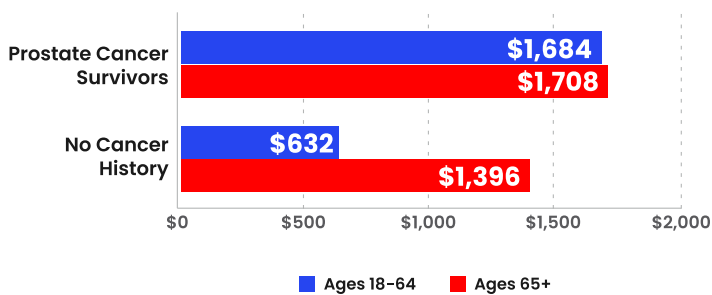
- ▶ More and more people are enrolled in lower-premium high deductible health plans (HDHPs), despite high up-front costs and mounting evidence that these plans cause them to delay important cancer care and have worse cancer outcomes.^{5,6,7} The majority (56.2%) of privately insured men with a history of prostate cancer have an HDHP.⁸

What Men With a History of Prostate Cancer Pay Out of Pocket for Care

Cancer treatment is often complex, involves many services, and is expensive. Research consistently shows that people who have been diagnosed with cancer have higher out-of-pocket costs than those without a cancer history.⁹ These increased costs often continue even years after the patient has finished active cancer treatment.

Younger men with a prostate cancer history spend an average of \$1,684 every year on out-of-pocket medical expenses, which is more than double the out-of-pocket costs of men without a cancer history. And that doesn't even take into account monthly insurance premiums.¹⁰ Older men with a prostate cancer history also spend more on out-of-pocket medical expenses than men without a prostate cancer history.¹¹

Average Annual Out-of-Pocket Expenses, Men, 2018–2020



Source: Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2018–2020. Public-use data file and documentation. Retrieved from: https://meps.ahrq.gov/mepsweb/data_stats/download_data_files.jsp. July 2023.

All analyses incorporated complex survey design.

The Impacts of the Costs of Prostate Cancer

The high costs of cancer have many adverse impacts. Research shows that among men ages 18-64 years with a history of prostate cancer:¹²



18%

reported having problems paying medical bills in the past 12 months

VERSUS 11% OF MEN WITH NO CANCER HISTORY



44%

reported worrying about paying future medical bills if they get sick or have an accident



7%

reported delaying medical care due to cost in the past 12 months



8%

reported skipping, taking less, delaying or not getting a medication due to cost in the past 12 months



11%

experienced some level of food insecurity in the past 12 months

ACS CAN Supports Policies That Will Reduce the Costs of Prostate Cancer

The American Cancer Society Cancer Action NetworkSM (ACS CAN) supports policies that will reduce the costs of cancer for men with a history of the disease. We want to make sure that everyone has a fair and just opportunity to prevent, detect, treat and survive cancer. To reduce the costs of cancer for men with a history of prostate cancer, ACS CAN supports:

- ▶ **Ensuring Congress passes the PSA Screening for HIM Act.** Prostate cancer survival rates increase when it is detected early; however, there has been a recent increase in diagnosis of men with advanced prostate cancer.¹⁴ Screening can help detect prostate cancer at an early stage, often before any signs and symptoms are present and before the disease becomes more advanced and more difficult to treat; however, cost sharing or out-of-pocket requirements can be a barrier to accessing screening. The Prostate-Specific Antigen Screening for High-risk Insured Men (PSA Screening for HIM) Act would give men at high risk for prostate cancer improved access to screening by requiring health insurance

coverage for evidence-based prostate cancer preventive care and screenings, like the prostate-specific antigen (PSA) test, without cost sharing.¹⁵ ACS CAN supports the PSA Screening for HIM Act, because all men at high risk for prostate cancer who decide to move forward with screening after a discussion with their health care provider about screening and treatment should have access to screening that is barrier-free without cost sharing.

- ▶ **Expanding Medicaid in the remaining states that have not done so.** Medicaid helps to improve cancer outcomes by offering access to prevention services and timely cancer screening and early detection services, as well as affordable treatment services and care. There are millions of people who fall into the “Medicaid coverage gap.” That gap refers to individuals who remain ineligible for Medicaid but earn too little to qualify for premium tax credits for qualified health plans in the marketplace. Medicaid is a lifeline for thousands of families that – without health insurance – would not have access to the screening, early detection, treatment and follow-up care they need. ACS CAN advocates for all states to expand Medicaid and Congress must close the coverage gap for lower-income Americans who live in states that have failed to expand to reduce cancer disparities.

In Their Own Words: Experience with Costs and Debt

The American Cancer Society Cancer Action Network (ACS CAN) gives voice to people impacted by cancer on critical public policy issues that affect their lives. In recent surveys about cost and debt issues, men with a history of prostate cancer told us they had problems affording treatment, dealing with worry and anxiety and medical debt.¹³

Problems affording treatment

It was difficult to afford my health care expenses.

34%

The cost of a treatment influences whether I get a treatment that my health care provider recommends.

32%

I delayed or did not pay other household expenses (like utility bills) to use the money for health care costs instead.

7%

Medical debt

I have current or past medical debt associated with my cancer care.

41%

- ▶ I have been contacted by a collections agency about debt related to my cancer care.

35%

(of those reporting current or past debt)

I declared bankruptcy due to health care costs or debts.

5%

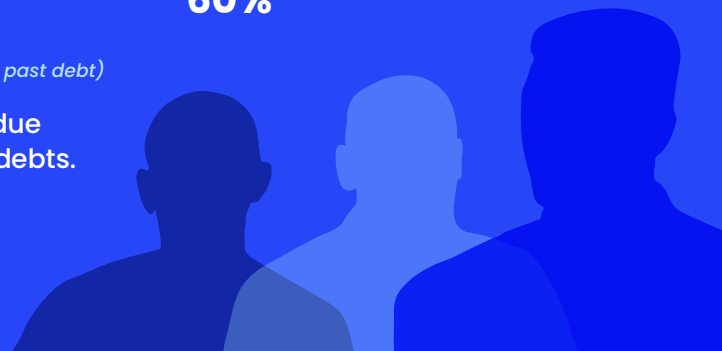
Worry and anxiety

I am concerned about my ability to pay for current or future health care costs related to my cancer.

63%

I am concerned about incurring new debt for my cancer care.

60%



► **Increasing access to patient navigation services.** Patient navigation is an evidence-based intervention that eliminates health disparities across the cancer care continuum. Patient navigation services have been shown to help increase cancer screening rates among historically marginalized racial and ethnic populations by providing access to disease prevention education, conducting community outreach, and facilitating public education campaigns.^{16,17,18} Patient navigation programs have shown improved quality of life and treatment adherence for Hispanic/Latino survivors of prostate cancer who received patient navigation versus those who did not.¹⁹ However, patient navigation is still absent or limited in many cancer programs and hospital settings due to a lack of long-term funding to pay for these services. ACS CAN advocates to ensure everyone at risk for – or diagnosed with – prostate cancer can access patient navigation services.

► **Addressing patient costs to diversify participation in clinical trials.** Clinical trials are vital to advancing new and improved standards of care. Diverse representation in clinical trials helps to ensure that all populations can benefit from the improved outcomes achieved with new cancer therapies. However, despite having among the highest incidence of prostate cancer in the world, Black men²⁰ are underrepresented in prostate cancer clinical trials.²¹ While patient willingness to enroll in clinical trials is high, some patients decline to participate due to costs. They are often responsible for non-medical costs, such as transportation and lodging associated with trial enrollment. These costs can occur when no local trials are available and patients have to travel to distant trial sites, or when there is a need for more frequent clinic visits for additional trial-related treatment or monitoring. The additional costs can lead to unequal participation rates between high- and limited-income people with cancer; the patients most impacted tend to be those traditionally underrepresented. To address this issue, the Diversifying Investigations Via Equitable Research Studies for Everyone (DIVERSE) Trials Act would allow clinical trial sponsors to provide financial support to trial participants and provide the technology needed to participate in trials remotely. Offering to reimburse patients for non-medical costs associated with trials such as transportation and lodging can increase overall enrollment and thereby help make it less costly for patients to access new therapies through clinical trials during their cancer treatment. ACS CAN advocates for policies like the DIVERSE Trails Act, which can increase diversity in clinical trials and make it easier for all people with cancer to participate in clinical trials by reducing barriers to enrollment.

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About ACS CAN

The American Cancer Society Cancer Action Network (ACS CAN) advocates for evidence-based public policies to reduce the cancer burden for everyone. We engage our volunteers across the country to make their voices heard by policymakers at every level of government. We believe everyone should have a fair and just opportunity to prevent, detect, treat and survive cancer. Since 2001, as the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN has successfully advocated for billions of dollars in cancer research funding, expanded access to quality affordable health care and advanced proven tobacco control measures. We stand with our volunteers, working to make cancer a top priority for policymakers in cities, states and our nation's capital.

Visit fightcancer.org to join the fight.